

CENTRON SECURITY SERVICES

Daily Security Report

| Client No. Client | Name | | | - / | | | | Location | | | | | 1 | Date | , 1 | | | |
|---|--|------------|--|---------------------------------------|--|-------------|-----------------|-----------|-------------|-------------|----------|---|----------|------|-------------|-----|--------|--|
| 2036 | 0.7 | 4. | mel | 45 | 1002 OSWego, ST. WT. En 3/10/89 Other 3 Keys, Log Bakt - Phone | | | | | | | | | | | | | |
| Facility Detex Clock Weapon No. | | loister | Nightstick | Ra | isacoat F | lashlight / | سسسن | Other 3/C | eys, L | OG BOK | 1-1 | Pho | re | | | | | |
| Officers: Fully explain all Items marked "Yes" with time and all detail. For additional space use reverse | Officer—Day Shift (Name) Constitution of the state of th | | | | | | Swing S | Deolin | | | | Officer-Grave Shift (Name) Dick Hoposphi Shift | | | | | | |
| side and attach incident reports. | Shift Began | | (AN-PM | Ended | i/ AM(PM) | Shift Began | | 2/ AN-PM |) Enged | 12 CM | | 12 | (A) | м)рм | Ended | £ | (AM)PM | |
| Observations or actions taken | Yes | No | _ 3 \ | Explanation | 7-02 | Yes | No | | Explanation | | Yes | No | ` | | Explanation | on | | |
| Rounds or stations missed | | V | | - | | | | | | | | 1 | <u> </u> | | | | | |
| Unlocked doors, gates or windows | | V | | | | | | | | | | 1 | | | | | | |
| Unlocked vaults or safes | | V | | | | | | | | | | 1 | | | | | | |
| Fire-smoke-or hazards | | V | | | | | | | | | <u> </u> | 1 | | | | | | |
| Extinguishers missing or defective | | 2 | | · · · · · · · · · · · · · · · · · · · | | | | | | | _ | 1 | <u> </u> | | | | | |
| 2. Sprinkler system defective | | V | | | · | | | | | | ļ | 1 | | | | | | |
| 3. Fire doors or exits blocked | | V | | | · · · · · · · · · · · · · · · · · · · | | | · | | | | 1 | | | | | | |
| 4. Rubbish accumulation | | V | | | | | | | | | | 1 | | | | | | |
| 5. Motors running | , | V | | | | | | | | | _ | 4 | | | | | | |
| 6. Lights left burning | | V | | | | 1 | - | As ne | reded | · | _ | 1 | <u> </u> | | | | | |
| Injury hazards | | V | | | | | | | | | | 1 | <u> </u> | | | | | |
| Visitors | | V | | | | | | | | | <u> </u> | 1 | | | | | | |
| Trespassing | | ~ | | | | | | | | | 4 | 1 | | | | | | |
| Violation of company rules | | 1 | | | · | | | | | | | 1 | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | |
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| IMPORTANT: If you were ill or injured p | please ex | | | de of this form | | upervisor | | | | | | | | | | 21 | | |
| 1. Were you injured during this tour? | | - 4 | Day Shift Yes No | 1. Yes | 2. No Yes | No | 3. Swing Yes | Shift 1. | Yes No | 2 Yes N | | Grave Shift Yes | | Yes | No | Yes | No | |
| 2. Did you suffer any illness? | | | Yes (No) | Yes | No Yes | No | Yes | No | Yes No | Yes N | 0 | Yes (| (S) | Yes | No | Yes | No | |
| 3. Have you reported all accidents coming to | © No Day Shift | Yes | No Yes | No | Yes |) No | Yes No | Yes N | | Yes) | No | Yes | No | Yes | No | | | |
| | | Signatures | Day Shift | 1 | The File | ali | Swing 1 | inhert | - Dea | ling | | Grave Shift | ib. | Ho | kos | zki | | |
| | | Signatures | 2. | | | | 2 | | | | | 2. | | | | | | |
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